

# **EXHIBIT 6**



Exhibit

1

Approved, SCAO

PCS CODE: PFH/PAS/APM  
TCS CODE: IPFH/PFH/PAS/APMSTATE OF MICHIGAN  
PROBATE COURT  
COUNTY OFPETITION FOR MENTAL  
HEALTH TREATMENT  
☐ AMENDED

FILE NO.

In the matter of Ahmed Fatehi Elzein  
First, middle, and last nameXXX-XX-5017  
Last four digits of SSN

Court ORI	Date of birth <u>92</u>	Place of birth <u>Sudan</u>	Race	Sex <u>Male</u>
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1. Kathleen Hadden, an adult Social Worker petition because  
Name (type or print) specify whether a relative, neighbor, peace officer, etc..

I believe the individual named above needs treatment.

2. The individual was born 11/13/92, has a permanent residence in Genesee  
Date  
County at 7106 Cedar Rainbow Arand Blanc MI 48439  
Street address City State Zip

and can presently be found at Ascension Genesys Hospital  
Facility name or other address☐ This petition is for a person who was found not guilty by reason of insanity in this county (NGRI).

3. I believe the individual has mental illness and

☐ a. as a result of that mental illness, the individual can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.

☒ b. as a result of that mental illness, the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.

☒ c. the individual's judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

4. The conclusions stated above are based on

a. my personal observation of the person doing the following acts and saying the following things:

Dr Elzein admits to contacting security 830am today states "just kind of suspicious," reports an individual had their "head down" reports "made me feel uncomfortable." Dr Elzein was observed uncooperative with nursing staff in ED refusing to give RN staff his belongings. Requesting NPI numbers and all documentation before he would do so.

Dr B. Caloia reports Dr Elzein's program director Dr Pawlaczky is concerned Dr Elzein has been demonstrating paranoid delusional ideation reportedly felt fellow resident had placed something in a locker he later thought was a bomb, however there was a harmful object placed in his pocket.  
by: Dr B. Caloia one Genesys Pkwy Arand Blanc MI 48439 810 606 5933  
Witness name Complete address Telephone no.

(SEE SECOND PAGE)

Do not write below this line - For court use only

Petition for Mental Health Treatment (12/19)

File No. \_\_\_\_\_

## 5. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian*		

\*(Specify the county where the guardianship was established and the case number.) \_\_\_\_\_

6. The individual ☐ is ☒ not a veteran.

- ☐ 7. Attached is a ☒ clinical certificate by a physician or licensed psychologist taken within the last 72 hours.  
☐ clinical certificate by a psychiatrist taken within the last 72 hours.  
☐ no clinical certificate is attached because only assisted outpatient treatment is requested.

☐ 8. (For hospitalization and combined treatment only.) An examination could not be secured because: \_\_\_\_\_

I request:

- ☐ a. the individual be examined at \_\_\_\_\_  
the preadmission screening unit or hospital designated by the community mental health services program.  
☐ b. a peace officer take the individual into protective custody and transport the individual to \_\_\_\_\_

9. I request the court to determine the individual to be a person requiring treatment and to order:

- ☐ a. hospitalization only.  
☐ b. a combination of hospitalization and assisted outpatient treatment.  
☐ c. assisted outpatient treatment without hospitalization.

☒ 10. I request the individual be hospitalized pending a hearing.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature of attorney \_\_\_\_\_

Date

Name (type or print) \_\_\_\_\_

Bar no. \_\_\_\_\_

Signature of petitioner

One Genesys Parkway

Address \_\_\_\_\_

Address

Grand Blanc MI 48439

City, state, zip \_\_\_\_\_

Telephone no. \_\_\_\_\_

City, state, zip \_\_\_\_\_

Home telephone no. \_\_\_\_\_

810-606-5000

Work telephone no. \_\_\_\_\_

FOR  
HOSPITAL  
USE ONLYThis petition for mental health treatment was received by the hospital on \_\_\_\_\_ at \_\_\_\_\_  
Date Time

Signature of hospital representative \_\_\_\_\_



Approved, SCAO

PCS CODE: CCT  
TCS CODE: CCTSTATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF

FILE NO.

## CLINICAL CERTIFICATE

In the matter of AHMED ELZEIN  
First, middle, and last name**TO THE EXAMINER:** You must read the following statement to the individual before proceeding with any questions.

I am authorized by law to examine you for the purpose of advising the court if you have a mental condition which needs treatment and whether such treatment should take place in a hospital or in some other place. I am also here to determine if you should be hospitalized or remain hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me.

1. I am a ☐ psychiatrist. ☐ licensed psychologist. ☒ physician.
2. I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.
3. I further certify that I, Bradley Caloia D.O., personally examined Ahmed Elzein  
Name (type or print) Patient  
at Ascension Genesys Hospital, One Genesys Parkway, Grand Blanc MI 48439  
Name and address where examination took place  
on 11/11/20 starting at 1930 and continuing for 60 minutes.  
Date Time

INSTRUCTIONS: Describe in detail the specific actions, statements, demeanor, and appearance of the individual, together with other information which underlie your conclusion. **Indicate the source of any information not personally known or observed.** If this certificate is to accompany a petition for discharge, state why the individual continues to be or is no longer a person requiring treatment or in need of hospitalization.

4. My determination is that the person is  
☒ mentally ill (has a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life).  
☐ not mentally ill.
- ☐ 5. (if applicable) The person has  
☐ convulsive disorder. ☐ alcoholism. ☐ other drug dependence.  
☐ mental processes weakened by reason of advanced years.  
☐ other (specify):

6. My diagnosis is: Acute Psychosis with Paranoid Delusions
7. Facts serving as the basis for my determination are: This patient is a resident physician. His program director and a fellow resident express concern for his safety. They cite delusional behavior including accusing a workmate of placing a bomb in a locker and accusing a fellow of placing a "toxic, dangerous item" in his pocket.  
(SEE SECOND PAGE)

Do not write below this line - For court use only

Clinical Certificate (12/19)

File No. \_\_\_\_\_

8. Explain in the space below the facts which lead you to believe that future conduct may result in (check applicable box)
- ☐ a. likelihood of injury to self. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self.

- ☐ b. likelihood of injury to others. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure others.

- ☐ c. inability to attend to basic physical needs. Facts:

Therefore, I believe that the examined person, as a result of mental illness, is unable to attend to those basic physical needs (such as food, clothing or shelter) that must be attended to in order to avoid serious harm in the near future and has demonstrated that inability by failing to attend to those basic physical needs.

- ☒ d. inability to understand need for treatment. Facts: *Patient is intermittently refusing care and denying symptoms. He is avoidant of gaze, rocking with psychomotor agitation and is RESTLESS.*

Therefore, I believe that the examined person, as a result of mental illness, is so impaired by that mental illness and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to himself/herself or others.

9. I conclude the individual ☒ is ☐ is not a person requiring treatment.

10. (optional) I recommend ☐ hospitalization only  
☐ a combination of hospitalization and assisted outpatient treatment  
☐ assisted outpatient treatment without hospitalization

as follows: \_\_\_\_\_

I certify that I am a person authorized by law to certify as to the individual's mental condition. I am not related by blood or marriage either to the person about whom this certificate is concerned or to any person who has filed, or whom I know to be planning to file, a petition in this proceeding. I declare under the penalties of perjury that this certificate has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date 11/11/20 Time of signing 2025 Signature B. Caloia  
 Print or type name and business telephone no. D.O., 810-606-5000